Schedule E)		AGE 1 OF 64 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		NTIFICATION NUMBER ▼
Women Speak Out PAC	C co	00530766
	M M / F	D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed on	
Full Name of Payee Carla A Wells		Distribution/Dissemination
	09	06 2014
Mailing Address 2013 Woodwind Way	Amount	
City State Z	o Code	20.00
Van Buren NC 7		: 08a9dfc1-ecff-425e-b ement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 / 09	06 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Carla A Wells	Date of Public D	Distribution/Dissemination
Caria A vveiis	09	06 / 2014
Mailing Address 2013 Woodwind Way	Amount	
City State Z	p Code	4.50
Van Buren NC 7		98c6fe16-a455-4062-a ement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 09	06 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	X Oppose President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	4
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical Signature	lly Filed] Date 09 08	2014
- y 		

Schedule E)	ENT EXICID	ITOTILO		PAGE 2 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Amber M Gregory			M 09 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1710 Elfen Glen St Apt 114B			Amount	
City	State	Zip Code		20.00
Van Buren	AR	72956		D: e81c59c6-5d6e-41f9-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Thomas Dias			09	06 / 2014
Mailing Address 110 Maryella Dr			Amount	
City	State	Zip Code		55.00
Searcy	AR	72143		D: 3ff118e3-8af7-4494-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures			75.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
			7	4
(c) TOTAL Independent Expenditures			•	47-1-47-1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 08	2014
S.g.iataro				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O disserse
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Thomas Dias	Date of Public Distribution/Dissemination
	09 / 06 / 2014
Mailing Address 110 Maryella Dr	Amount
City State Zip Code	38.40
Searcy AR 72143	Transaction ID: 540f0469-0324-4f56-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Sharon t Craig	09 06 / 2014
Mailing Address 1410 Bushville Dr	Amount
City State Zip Code	50.00
Lenoir NC 28645	Transaction ID: 808a1dbd-6d13-462f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 06 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 288042.86	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.40
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	08 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O constitu
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee Sharon t Craig	Date of Public Distribution/Dissemination
	09 / 06 / 2014
Mailing Address 1410 Bushville Dr	Amount
City State Zip Code	11.40
Lenoir NC 28645	Transaction ID: b4d5929c-062e-4e95-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 288042.86	ursement For: Primary
Full Name of Payee Eric J Smith	Date of Public Distribution/Dissemination
Enc J Smith	09
Mailing Address 4967 Dysartville	Amount
City State Zip Code	80.00
Morganton NC 28655	Transaction ID : 237f6aef-7739-42b1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 288042.86 Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	91.40
(4) 66216112 5. 1651254 11456	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 08 2014
Signature	

Schedule E)	PENT EXTEND	HONES	PAGE FOR S	5 OF 64 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	CATION NUMBER ▼
Women Speak Out PAC			C C00530	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on) / Y = Y = Y
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Jennifer E Smith			M M / D 06	
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	Transaction ID : b6e Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	09 / 06	
Name of Federal Candidate		Support	Office Sought: House	se District: 00
Ms. Kay Hagan		X Oppose	President Sena	ate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	288042.86	Disbursement For: Pr 2014 Other (specify)	imary X General
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Jennifer E Smith			09 / 06	
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		7.50
Morganton	NC	28655	Transaction ID : 71b0 Date of Disbursemen	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Kay Hagan		Oppose	President Sen	
Calendar Year-To-Date Per Election for Office Sought	7	288042.86	Disbursement For: P 2014 Other (specify)	rimary X General
(a) SUBTOTAL of Itemized Independent Exper	ditures			87.50
			7	7
(b) SUBTOTAL of Uniternized Independent Exp	penditures		>	4
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 08 / Y	2014
S.g.iataio				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee William M Goldsmith	Date of Public Distribution/Dissemination
	09 / 06 / 2014
Mailing Address 211 Pearl St	Amount
City State Zip Code	30.00
Drexel NC 28619	Transaction ID: d0777446-1268-4a0b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 288042.86 Disbut 2014	ursement For:
Full Name of Payee William M Goldsmith	Date of Public Distribution/Dissemination
William W Goldsmith	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 Pearl St	Amount
City State Zip Code	9.48
Drexel NC 28619	Transaction ID : 7cef31e5-cc55-47d1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 06 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 288042.86	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	39.48
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	09 08 2014
Signature	

Schedule E)	IN EXILINE	TI OTILO	PAGE 7 FOR SE OF FO	OF 64 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on	YYYY
Full Name of Payee			Date of Public Distribution/Dis	semination
Kristen S Moore			09 / 06 / Y	2014
Mailing Address 42 Oak Creek Drive			Amount	
City	State	Zip Code		80.00
Conway	AR	72032	Transaction ID: 876e95b0-0f- Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Mr. Mark L Pryor		X Oppose		ate: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dis	semination
Kristen S Moore			09 / 06 / Y	2014 Y
Mailing Address 42 Oak Creek Drive			Amount	
City	State	Zip Code		29.10
Conway	AR	72032	Transaction ID : f2238356-eac Date of Disbursement or Oblig	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dis	trict:00
Mr. Mark L Pryor		X Oppose	President Senate S	tate: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendi	tures			109.10
, , ,			- 	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	-
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
5.g. (a.a.)				

Schedule E)	VI EXI END	TIONES	<u> </u>	PAGE 8 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kenny Wallis			09	06 / 2014
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		70.00
North Little rock	AR	72116		: 54900cf9-a172-4a95-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	80351.52	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L McCune			M = M /	06 / 2014
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		65.00
Conway	AR	72032		: d3668e0c-fc96-437f-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	80351.52	Disbursement For: [2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			135.00
			7	4
(b) SUBTOTAL of Unitemized Independent Expend	itures		· >	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 08	2014
=				

Schedule E)	IDENT EXPEND	TIONES	PAGE 9 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
			09 / 06 / 2014
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	18.00
Conway	AR	72032	Transaction ID : abee57a7-d4db-4f3f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
John H Travis			09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1618 Davis St			Amount
City	State	Zip Code	80.00
Conway	AR	72032	Transaction ID: 618d55a8-ba3f-48bd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		98.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09
<u></u>	[Electron	nically Filed] Date	

Schedule E)	DEINT EXTENT	TI OTILO	PAGE 10 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Marion Anderson			09 / 06 / 2014
Mailing Address 607 Chickadee St Apt 8			Amount
City	State	Zip Code	65.00
Little Rock	AR	72204	Transaction ID: 0bb0a26c-23f7-4ed5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 06 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Aaron W Heien			09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1730 Sweetspire dr			Amount
City	State	Zip Code	80.00
Conway	AR	72032	Transaction ID : d09fb3a8-52a0-427f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expe	nditures		145.00
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y			

Schedule E)	L /(1 = 1,12 :	1101120		PAGE 11 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee Aaron W Heien			M	f Public Distribution/Dissemination 09 06 2014
Mailing Address 1730 Sweetspire dr			Amour	
City	State	Zip Code		45.00
Conway	AR	72032		action ID : fb9c4ea8-046d-4fd3-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Kalynn J Strachan				f Public Distribution/Dissemination
				09 / 06 / Y Y Y Y Y
Mailing Address 1700 N Hughes St Apt 16			Amour	nt
City	State	Zip Code		65.00
Little Rock	AR	72207	Transac Date o	ction ID : 488b62bb-9fb9-4ab0-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			, ,	110.00
(a) CODITION OF NOTINESS TRADES AND ADDRESS AND ADDRES				7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	9 09	08 2014
Signature		_		

Schedule E)	IN EXILIN	JII OI LEO	PAGE 12 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Erin L Hogan			09 / 06 / 2014
Mailing Address 110 Teresa Lane			Amount
City	State	Zip Code	45.00
Pocahontas	AR	72455	Transaction ID : 229ae67d-c7e6-47d4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Erin L Hogan			09 06 2014
Mailing Address 110 Teresa Lane			Amount
City	State	Zip Code	32.10
Pocahontas	AR	72455	Transaction ID : 23e02878-5ef1-446b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	uroo		77.10
(a) SUBTUTAL of itemized independent expending	ures		77.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			•
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 08 7 2014
- 3			

Sc	hedule E)	ADII OILE	PAGE 13 OF 64 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New	report Amends repor	rt filed on
T	Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination
-	Mailing Address 3300 Asher Ave		09 06 2014 Amount
			Amount
	City State	Zip Code	70.00
	Little Rock AR	72204	Transaction ID : 9ddfe061-ab99-4efd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought	80351.52	Disbursement For: Primary
ľ	Full Name of Payee		Date of Public Distribution/Dissemination
	Kevin L Battle		09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 3300 Asher Ave		09 00 2017
			Amount
ŀ	City State	Zip Code	9.00
	Little Rock AR	72204	Transaction ID : 4b2c067d-02e7-40fc-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / 06 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought	80351.52	Disbursement For:
((a) SUBTOTAL of Itemized Independent Expenditures		79.00
((b) SUBTOTAL of Unitemized Independent Expenditures		·
((c) TOTAL Independent Expenditures		>
٧	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authorical party committee or its agent.		
		ctronically Filed] Date	09 08 2014
	Signature		

Schedule E)	PAGE 14 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 000000
Check if 24-hour report 48-hour report New report Amer	ends report filed on
Full Name of Payee Jerome M Weil	Date of Public Distribution/Dissemination
	09 06 7 2014
Mailing Address 101 Durham Drive	Amount
City State Zip Code	80.00
Lafayette LA 70508	Transaction ID : 9e091e1d-40f9-45a2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate	upport Office Sought: House District: 00
Ma Marriel Landrian	ppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 110644.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jerome M Weil	09
Mailing Address 101 Durham Drive	Amount
State 7in Code	20.00
City State Zip Code Lafayette LA 70508	90.00 Transaction ID : adfac635-0938-408e-b
Purpose of Expenditure Mileage Category/ Type	Date of Disbursement or Obligation 002 009 009 000 000 000 000 00
Name of Federal Candidate	upport Office Sought: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought 110644.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 08 2014
Signature	

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	10		C C00530766
Check if 24-hour report	48-hour report New rep	ort Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	_		Date of Public Distribution/Dissemination
Laura U Logie			09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire	Circle		Amount
City	State	Zip Code	40.00
Harrisonburg	VA	22801	Transaction ID: 70cea2fa-e978-4a26-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09
Name of Federal Candidate		Support Off	ce Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office S	Sought	Dis 288042.86 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee Michael Vidrine Mailing Address 1103 Wes	st Wilson Street		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	80.00
Ville Platte	LA	70586	Transaction ID : 1cbb409a-1e34-43ea-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office S	Sought	110644.48 Dis 20	bursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized In	dependent Expenditures	·····	120.00
(b) SUBTOTAL of Unitemized	Independent Expenditures	····	
(c) TOTAL Independent Expe	nditures	·····	
	gestion of, any candidate or authorized		made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Ms. Emily Buchand		nically Filed] Date	09 08 2014
Oignatule			

PAGE

15

OF

Schedule E)		1101120		PAGE 16 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Michael Vidrine	<u>'</u>		M = M	blic Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	06 2014
City	State	Zip Code		104.10
Ville Platte	LA	70586		on ID: 96457fdd-5b60-4141-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 09	06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		110644.48	Disbursement For 2014 Other	:
Full Name of Payee Dwayne G Johnson Mailing Address 1700 N Hughes St Apt 17			Date of Pu	ublic Distribution/Dissemination
City	State	Zip Code	—	70.00
Little Rock	AR	72207	Transaction Date of Di	n ID : ddf04f03-5d47-4c87-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	06 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	80351.52	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	ures		.	174.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	idate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	9 09 0	
Signature				

Scł	hedule E)	L /(1 L (1).					PAGE 17 OF 64 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ar	mends repo	ort filed on	M = M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee				Da	ate of Public	c Distribution/Dissemination
	Dwayne G Johnson					09	06 / 2014
Ì	Mailing Address 1700 N Hughes St Apt 17				Am	nount	
\mathbf{l}	City	State	Zip Code		$-+$ Γ		21.90
	Little Rock	AR	72207				ID: 2ab772f0-c3a0-4942-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			09	06 2014
-	Name of Federal Candidate			Support	Office Sou	uaht:	House District: 00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52		Disbursen 2014	ment For:	Primary
T	Full Name of Payee				Da	ate of Public	c Distribution/Dissemination
	Douglas A Nystrom					M = M	/ D D / Y Y Y Y
-	Mailing Address 2000 W University St					09	06 2014
	Mailing Address 2000 W University St				An	mount	
	City	State	Zip Code				35.00
	Siloam Springs	AR	72761		Tra l	nsaction II ate of Disbu	D: 78c4fcd6-9164-4cb1-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09	06 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.5	52	Disburser 2014	ment For: Other (sp	Primary X General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures.				·· ▶	-	56.90
(l	b) SUBTOTAL of Unitemized Independent Expenditure	es			.		
(0	c) TOTAL Independent Expenditures				" >		7
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 08	/ Y = Y = Y = Y = 2014
	Signature		_	Date	,	-	

Schedule E)		PAGE 18 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	-	C C00530766
		0 0000011
Check if 24-hour report X 48-hour report New report A	mends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Matt Curran	Date of	Public Distribution/Dissemination
	09	
Mailing Address 1537 Country Lane	Amount	
City State Zip Code		41.50
Kernersville NC 27284		ction ID : ca8d82a1-78d3-4784-a
Purpose of Expenditure Salary Category Type	/ 001	
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President	NC NC
Calendar Year-To-Date Per Election for Office Sought 288042.86	Disbursement F	For: Primary General
Tel Election for Since Sought		er (specify)
Full Name of Payee Matt Curran	Date of	Public Distribution/Dissemination
Malling Address	O	
Mailing Address 1537 Country Lane	Amount	
City State Zip Code		11.94
Kernersville NC 27284	Transact Date of	tion ID : a03cf66b-ca34-4447-8 Disbursement or Obligation
Purpose of Expenditure Mileage Category Type	/ 002	M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 288042.	Disbursement F 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······· <u> </u>	53.44
(b) SUBTOTAL of Unitemized Independent Expenditures		41141141
(c) TOTAL Independent Expenditures	······	7
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 09	08 2014
Signature		

Schedule E)	DENT EXPEND	TIONES	PAGE 19 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New re	port Amends repo	t filed on
Full Name of Payee Katlyn P Bernardini			Date of Public Distribution/Dissemination
Mailing Address 1326 East Field St			09
City	State	Zip Code	93.00
Conway	AR	72034	Transaction ID: ece039a1-1d2c-47d7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	80351.52	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Katlyn P Bernardini			09 / 06 / 2014
Mailing Address 1326 East Field St			Amount
City	State	Zip Code	11.79
Conway	AR	72034	Transaction ID: 0f23099a-844d-40d7-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		104.79
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 08 / 2014
-			

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 20 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa a Bernardini			09
Mailing Address 1326 East Field St			Amount
City	State	Zip Code	93.00
Conway	AR	72034	Transaction ID : 1cb87e2f-eb33-4325-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	80351.52	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa a Bernardini			09 06 7 2014
Mailing Address 1326 East Field St			Amount
City	State	Zip Code	11.79
Conway	AR	72034	Transaction ID: 8335a041-6063-4962-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / 9 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	- T T	80351.52	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendit	ıres		. 104.79
			7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 08 7 2014
- 3			

Sch	nedule E)	1 L /(1 L /(2)	1101120		PAGE 21 OF 64 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee James Kindstedt			M	of Public Distribution/Dissemination
N	Mailing Address 5510 Dogwood Dr			Amour	09 06 2014 nt
	City	State	Zip Code		33.50
- 1	Winston Salem	NC	27105		action ID : dd11298e-d00a-49ca-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	09 06 7 2014
I	Name of Federal Candidate		Support	Office Sought	t: House District:00
	Ms. Kay Hagan		Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	2	288042.86	Disbursement 2014 Ot	reference : For: Primary
	Full Name of Payee James Kindstedt Mailing Address 5510 Dogwood Dr			M	of Public Distribution/Dissemination
-	City Winston Salem	State NC	Zip Code 27105	Transa	8.07 ction ID : 483cd24c-1114-4ab5-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	09 06 Y 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	288042.86	Disbursement 2014 Of	t For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditure	∋s			41.57
(b	o) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7 1 7 1 7
(с	c) TOTAL Independent Expenditures			· ·	
wi	nder penalty of perjury I certify that the independe ith, or at the request or suggestion of, any candida arty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	08 2014
	Signature				

Schedule E)	PAGE 22 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	09 06 Y 2014
Mailing Address 108 East Clinton St	Amount
PO Box 410	
City State Zip Code	30.00
Salemburg NC 28385	Transaction ID: 27015815-2eb1-44cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	1 09 06 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	09 06 2014
Mailing Address 108 East Clinton St	Amount
PO Box 410	Amount
City State Zip Code	10.74
Salemburg NC 28385	Transaction ID: c6065ad3-ce9e-4913-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	2 09 / 06 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 288042.86	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	40.74
(b) SUBTOTAL of Unitemized Independent Expenditures	··· >
(c) TOTAL Independent Expenditures	···· >
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	ate 09 08 2014
- 9	

Sche	edule E)		1101120		PAGE 23 OF 64 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Todd Ellis				of Public Distribution/Dissemination
Ma	ailing Address P.O. Box 712			Amou	09 06 2014
					unt
Cit		State	Zip Code		70.00
Al	lexander	AR	72002		saction ID: feab2401-b6d7-4734-a of Disbursement or Obligation
	urpose of Expenditure calary		Category/ Type 001		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	Ir. Mark L Pryor		Oppose	Presid	^
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursemer 2014	ent For:
	III Name of Payee				of Public Distribution/Dissemination
	alling Addrson				09 06 2014
IVic	ailing Address P.O. Box 712			Amo	punt
Cit	ty	State	Zip Code		24.30
	Alexander	AR	72002	Trans Date	saction ID : cf1e4d0a-8dc9-4d0e-9 e of Disbursement or Obligation
	urpose of Expenditure //ileage		Category/ Type 002	$\exists \mid [$	09 / 06 / Y 2014
Na	ame of Federal Candidate		Support	Office Soug	ght: House District: 00
М	Ir. Mark L Pryor		X Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disburseme 2014	ent For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	5		· •	94.30
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(c)	TOTAL Independent Expenditures			· •	7 1 7 1 7
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	08 2014
	Signature		_		

Sche	edule E)	-/: -:	101120		PAGE 24 OF 64 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
	ull Name of Payee Lindsey E Helms				of Public Distribution/Dissemination
М	ailing Address 301 N Clinic Apt 3			Amou	09 06 2014 nt
	ity S	State	Zip Code		85.00
- 1	Searcy	AR	72143		action ID : 2898d645-cc24-41b0-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09 06 / 2014
N	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	1r. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursemen 2014 O	ther (specify) ▶
	ull Name of Payee Lindsey E Helms				of Public Distribution/Dissemination
M	lailing Address 301 N Clinic Apt 3			Amou	int
С	ity	State	Zip Code		87.15
	Searcy urpose of Expenditure	AR	72143		action ID: b63c21f5-1053-4f1c-b of Disbursement or Obligation
	dipose of Expenditure Mileage		Category/ Type 002	N	09 / 06 / 2014
- 1	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
N	/Ir. Mark L Pryor		Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursemen 2014 O	nt For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures.				172.15
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			
(c)	TOTAL Independent Expenditures			· [7 7 7 7
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / / 09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Signature				

Schedule E)	NDENT EXPEND	ITORLS		AGE 25 OF 64 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
Women Speak Out PAC				0530766
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Joseph P Thierfelder			M = M /	istribution/Dissemination
Mailing Address 2411 Armstrong			09 Amount	06 2014
City	State	Zip Code		65.00
Gastonia	NC	28054		71461249-99c8-4d6b-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	288042.86	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Joseph P Thierfelder Mailing Address 2411 Armstrong			09	06 / 2014
Mailing Address 2411 Armstrong			Amount	
City	State	Zip Code		12.60
Gastonia Purpose of Expenditure	NC	28054		c47a323a-803e-4060-9 ement or Obligation
Mileage		Category/ Type 002	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disbursement For: 2014 Other (spec	Primary
•				
(a) SUBTOTAL of Itemized Independent Exp	penditures		>	77.60
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	14114
(c) TOTAL Independent Expenditures			>	7 1 2
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 08 08	2014
-				

Sc	chedule E)		PAGE 26 OF 64 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	neck if 24-hour report X 48-hour report New report Amends rep	port filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Nicole N Ball		of Public Distribution/Dissemination
	Mailing Address 2528 Mill Creek Rd	Amou	09 06 2014 unt
-	City State Zip Code		25.00
Ì	Newport NC 28570		saction ID: e030a65b-ed66-44dc-9 of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001		09 / 06 / 2014
Ì	Name of Federal Candidate Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan Oppose	Presid	NC NC
	Calendar Year-To-Date Per Election for Office Sought 288042.86	Disbursemer 2014	ent For:
	Full Name of Payee Nicole N Ball		e of Public Distribution/Dissemination
Ì	Mailing Address 2528 Mill Creek Rd	Amo	ount
ľ	City State Zip Code	— I :	13.80
	Newport NC 28570	Trans Date	saction ID : a26a732b-2acc-4ee4-a e of Disbursement or Obligation
Ì	Purpose of Expenditure Mileage Category/ Type 002	2	09 / 06 / 2014
Ì	Name of Federal Candidate Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought 288042.86	Disbursemer 2014	ent For: Primary X General Other (specify) ►
((a) SUBTOTAL of Itemized Independent Expenditures	>	38.80
((b) SUBTOTAL of Unitemized Independent Expenditures	-	7 1 7 1 7
((c) TOTAL Independent Expenditures	··· 	7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Dat	te 09	08 2014
	Signature		

Schedule E)	DENT EXTEND	ITOTILO		PAGE 27 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Joanna Kindstedt			M M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Tobaccoville Rd			Amount	
City	State	Zip Code		33.50
Rural Hall	NC	27045		D: 9f124856-cb2a-4bfb-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	2	288042.86	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			M = M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	2014
Oit.	State	7:- Cada		00.00
City Ville Platte	LA	Zip Code 70586		60.00 : ea4d95b3-64c9-4640-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	9	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		110644.48	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures			93.50
			7	-75-
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		>	77
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 08	2014
•				

Schedule E)	JENT EXI END	ITOTILO		PAGE 28 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			M M /	06 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		70.00
METAIRIE	LA	70003		: 3eab94b5-a947-4019-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		110644.48	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			09	06 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.50
METAIRIE	LA	70003		: 4f4fefd4-fdf9-4ced-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	110644.48	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		· · · · ·	71.50
			7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures)	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 08	2014
y				

Schedule E)	MI EXI END	TIONES	PAGE 29 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Logan B Piper			09 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3205 Pebble Beach Rd			Amount
City	State	Zip Code	4.30
Conway	AR	72034	Transaction ID : 659bd3a9-117a-4729-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	80351.52	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Logan B Piper			09 / 06 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount
City	State	Zip Code	5.16
Conway	AR	72034	Transaction ID: 852f7970-0ee6-4d3a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	77	80351.52	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		9.46
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 08 7 2014
• • • • • • • • • • • • • • • • • • •			

Schedule E)	AT E115	PAGE 30 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40		09 06 2014 Amount
City Sta	te Zip Code	85.00
Searcy Af	·	Transaction ID : 4e369783-85fd-4ab2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	288042.86 Disbt 2014	ursement For: Primary
Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40		Date of Public Distribution/Dissemination M M O O O O O O O O O O O O O O O O O
City Sta	te Zip Code	38.22
Searcy Al	•	Transaction ID : d18edb92-85e8-413e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 06 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	288042.86 Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	123.22
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	08 2014
Signature	_	

Schedu	le E)	TI EXI END			PAGE 31 OF 64 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
I Full N	ame of Payee			Date	of Public Distribution/Dissemination
Pat	ricia G Tiziani				09 06 2014
Mailin	g Address 221 Williamsburg Dr			Amou	nt
City		State	Zip Code		20.00
Mand		LA	70471		action ID : 10f8c827-f955-4266-a of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 001	N	09 06 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. M	1ary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	110644.48	Disbursemen 2014 O	t For:
	ame of Payee			Date	of Public Distribution/Dissemination
Pati	ricia G Tiziani				00 / D D / Y Y Y Y Y
Mailin	g Address 221 Williamshurg Dr				09 06 2014
	g Address 221 Williamsburg Dr			Amou	nt
City		State	Zip Code		7.50
	deville	LA	70471	Transa Date	of Disbursement or Obligation
Milea	se of Expenditure ige		Category/ Type 002		09 / 06 / 2014
Name	of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. M	flary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		110644.48	Disbursemer 2014 C	ther (specify) ▶
(a) SU	BTOTAL of Itemized Independent Expenditu	res		•	27.50
(b) SU	BTOTAL of Unitemized Independent Expendent	litures		. •	7 7 7 7
(c) TO	TAL Independent Expenditures			•	7
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candic committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	08 2014
Sign	nature		_		

Schedule E)	EXI END			PAGE 32 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends	s report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Trent Minner				Date of Public Distribution/Dissemination
Mailing Address 2000 W University St				09 06 2014 Amount
City	State	Zip Code		35.00
Siloam Springs	AR	72761		Transaction ID : f0981887-1d97-4468-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 06 7 2014
Name of Federal Candidate		Supp	oort Offic	ce Sought: House District: 00
Mr. Mark L Pryor		Х Орро		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		80351.52	Dist 201	oursement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Trent Minner				09 06 2014
Mailing Address 2000 W University St				03 00 2014
· ·				Amount
City	State	Zip Code		21.09
Siloam Springs	AR	72761		Transaction ID : 68c6cd88-0939-4b9f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09 / 06 / 2014
Name of Federal Candidate		Supp	oort Offi	ce Sought: House District: 00
Mr. Mark L Pryor		X Oppo	ose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	80351.52	Disi 201	oursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				56.09
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·····	
(c) TOTAL Independent Expenditures			······	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 08 2014
Signature			_	

Schedule	E)	11 2/1 2/12			PAGE 33 OF 64 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name Peter	e of Payee D Tiziani			M	of Public Distribution/Dissemination
Mailing A	ddress 221 Williamsburg Dr			Amour	09 06 2014 nt
City		State	Zip Code		20.00
Mandevi	lle	LA	70471		action ID : 3f679230-21e3-4995-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	09 06 7 2014
Name of	Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary	r L Landrieu		X Oppose	Preside	ent Senate State: LA
0.00	endar Year-To-Date Election for Office Sought	1	110644.48	Disbursement 2014 Ot	t For: Primary X General
Phillip	e of Payee Williams			M	of Public Distribution/Dissemination
Mailing A	ddress 3007 Darden Rd			Amou	nt
City		State	Zip Code		75.00
Greensb		NC	27407	Transa Date of	ction ID : 38d55b6f-b756-42e0-8 f Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001		09 / 06 / 2014
	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		Oppose	Preside	ent Senate State: NC
	endar Year-To-Date Election for Office Sought	7 7	288042.86	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBT	OTAL of Itemized Independent Expenditu	ıres		• <u> </u>	95.00
(b) SUBT	OTAL of Unitemized Independent Expend	ditures		•	
(c) TOTAL	Independent Expenditures			· [
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	08 2014
Signatu	ire				

Schedule E)				PAGE 34 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Phillip Williams				ic Distribution/Dissemination
Mailing Address 3007 Darden Rd			09	06 / 2014
5 John Baldon Na			Amount	
City		Zip Code		29.70
Greensboro	NC	27407		ID: 42e066bb-78c9-4bee-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	06 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	288042.86	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Beverly Williams				ic Distribution/Dissemination
			M 09	06 2014
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		75.00
Greensboro	NC	27407		D: 768e331f-e45b-4969-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent E	vnenditures			104.70
(a) 302131112 3. nonnece mergens	Aportalia de la companya de la compa			7
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 08	/ Y Y Y Y Y 2014
Signature		_		

Schedu	le E)	II	1101120		PAGE 35 OF 64 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends r	eport filed o	on M = M / D = D / Y = Y = Y
	ame of Payee othy Foley				Date of Public Distribution/Dissemination
Mailing	g Address 20679 Glenbrook Terrace				09 06 2014 Amount
City		State	Zip Code		35.00
Sterli	ng	VA	20165		Transaction ID : 5acf7dad-e7d4-41e3-a Date of Disbursement or Obligation
Purpos Salar	se of Expenditure y		Category/ Type 0	001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	t Office S	Sought: House District: 00
Ms. K	ay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	288042.86	Disburs 2014	sement For: Primary ⊠ General Other (specify) ▶
Tim	ame of Payee Othy Foley g Address 20679 Glenbrook Terrace				Date of Public Distribution/Dissemination M 09 / 06 / Y 2014 Amount
City Sterli	ng	State VA	Zip Code 20165	Т	35.00 Transaction ID : 6ba6a903-e244-4702-b Date of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 00	01	09 06 / Y 2014
Name	of Federal Candidate		Suppor	t Office	Sought: House District: 00
Ms. K	ay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	288042.86	Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SU	BTOTAL of Itemized Independent Expenditur	es		····· •	70.00
(b) SU	BTOTAL of Unitemized Independent Expendi	itures		·····	
(c) TO	TAL Independent Expenditures			······ •	
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]	Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sign	nature				

Schedule E)	IN EXICIO	TIONES	PAGE 36 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	75.00
Belmont	NC	28012	Transaction ID : 2d3c167e-c2e5-474c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	288042.86	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			09 / 06 / 2014
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	15.00
Belmont	NC	28012	Transaction ID : eeec41fe-a900-4097-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	288042.86	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		90.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 08 7 2014

Sc	hedule E)	1 11111	1101120		PAGE 37 OF 64 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends rep	port filed or	n
T	Full Name of Payee Claire A Smith			1	Date of Public Distribution/Dissemination
-	Mailing Address 6610 Walcott Rd			-	09 06 2014 Amount
ŀ	City State		Zip Code		15.00
	Paragoud AR		72450		Transaction ID : a62dbeb5-4571-4e17-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 06 / 2014
l	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disburse 2014	ement For:
	Full Name of Payee Claire A Smith				Date of Public Distribution/Dissemination
-	Mailing Address 6610 Walcott Rd			,	09 06 2014 Amount
ŀ	City State	,	Zip Code		2.97
	Paragoud AR		72450	Tı	ransaction ID : d2c11277-973f-4f89-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / D 06 / Y 2014
I	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disburs 2014	ement For: Primary General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures			[17.97
((b) SUBTOTAL of Unitemized Independent Expenditures			- [
((c) TOTAL Independent Expenditures			···· • [
W	Under penalty of perjury I certify that the independent experience vith, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.				
		[Electron	nically Filed] Dat	te 09	08 2014
	Signature				

Schedule E)		/LIVI L/VI LIVI	1101120		PAGE 38 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITT				1	FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	t New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Pay					f Public Distribution/Dissemination
	2320 Saint Nick Dr				09 06 2014
				Fillioun	
City		State	Zip Code		70.00
New Orleans		LA	70131		ction ID: 82f23963-85ac-4186-8 f Disbursement or Obligation
Purpose of Exper Salary	ıditure		Category/ Type 001	M	09 06 2014
Name of Federal	Candidate		Support	Office Sought:	: House District:00
Ms. Mary L Landr	ieu		X Oppose	Preside	
Calendar Yea Per Election	ar-To-Date for Office Sought		110644.48	Disbursement 2014 Otl	For: Primary ⊠ General
Full Name of Pay	ree				f Public Distribution/Dissemination
Tylan S Gree				M	M / D D / Y Y Y Y
Mailing Address	2320 Saint Nick Dr				09 06 2014
	ZOZO GUIRTHON DI			Amoun	nt
City		State	Zip Code		10.20
New Orleans		LA	70131		ction ID: 369ce79f-5862-463c-8 f Disbursement or Obligation
Purpose of Exper Mileage	nditure		Category/ Type 002	М	09 / 06 / 2014
Name of Federal	Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landr	ieu		X Oppose	Preside	nt X Senate State: LA
Calendar Yea Per Election	ar-To-Date for Office Sought		110644.48	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of	Itemized Independent Exper	nditures		• • <u> </u>	80.20
(b) SUBTOTAL of	Unitemized Independent Exp	penditures		· •	7
(c) TOTAL Indepe	ndent Expenditures			· •	7
with, or at the requ		andidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
	mily Buchanan	[Electroi	nically Filed] Date	9 09	08 / Y = Y = Y = Y = Y = Y
Signature					

Schedule E)	LIVI EXI LIVE	TTOTILO	PAGE 39 OF 64 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C				
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Tylan S Green			09		
Mailing Address 2320 Saint Nick Dr			Amount		
City	State	Zip Code	70.00		
New Orleans	LA	70131	Transaction ID : 92ddb735-0d5c-4d6c-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	,,,,,	110644.48	Disbursement For: Primary General 2014 Gther (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Tylan S Green			09 / 06 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount		
City	State	Zip Code	10.20		
New Orleans	LA	70131	Transaction ID : 2a28ead4-9802-41d1-b Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	.,.,	110644.48	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expend	itures		80.20		
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100				
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •		
(c) TOTAL Independent Expenditures			>		
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 08 7 2014		
- 3					

S	chedule E)	i LIAD	ITOTILO			PAGE 40 OF 64 FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766				
Ch	neck if 24-hour report X 48-hour report	New rep	ort Ar	mends repo	ort filed o	on Mam / Dad / Yayayay
	Full Name of Payee Mattie F Grant					Date of Public Distribution/Dissemination
	Mailing Address 1700 N Hughes St Apt 17					09 06 2014 Amount
	City State		Zip Code			70.00
	Little Rock AR		72207			Transaction ID: 8583b676-6080-4cc1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09 / 06 / 2014
	Name of Federal Candidate			Support	Office	Sought: House District:00
	Mr. Mark L Pryor		X	Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52		Disburs 2014	sement For: Primary ☐ General Other (specify) ▶
	Full Name of Payee					Date of Public Distribution/Dissemination
	Kay Davis					09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5117 Carr Dr					Amount
	City State		Zip Code			42.50
	Grifton NC		28530			Transaction ID : 85313005-996e-4a78-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09 / 06 / 2014
	Name of Federal Candidate			Support	Office	Sought: House District: 00
	Ms. Kay Hagan		X	Oppose		President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought		288042.8	36	Disbur 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures				▶	112.50
	(b) SUBTOTAL of Unitemized Independent Expenditures				·· •	
	(c) TOTAL Independent Expenditures				·· •	
	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized				
	Ms. Emily Buchanan Signature	[Electron	nically Filed]	Date	e 09	

Schedule E)	IN EXIEND	TIONES	PAG FOF	GE 41 OF 64 R SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼	
Women Speak Out PAC	C				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on Man / D	D / Y = Y = Y	
Full Name of Payee			Date of Public Dist	tribution/Dissemination	
Kay Davis				06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 5117 Carr Dr			Amount		
City	State	Zip Code		12.00	
Grifton	NC	28530	Transaction ID: 0 Date of Disbursem	e492e63-6a68-40e5-b ent or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	M M / D	06 / 2014	
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00	
Ms. Kay Hagan		X Oppose		enate State: NC	
Calendar Year-To-Date Per Election for Office Sought	9	288042.86	Disbursement For: 2014 Other (specify)	Primary	
Full Name of Payee			Date of Public Dis	tribution/Dissemination	
Eric Wilson			M M / D	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 907 Randall Drive			Amount		
City	State	Zip Code		30.00	
Searcy	AR	72149	Transaction ID : 2e Date of Disbursem	7cc953-d801-4e22-8 ent or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		06 / 2014	
Name of Federal Candidate		Support	Office Sought:	ouse District: 00	
Mr. Mark L Pryor		Oppose	President Se		
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	80351.52	Disbursement For: 2014 Other (specify	Primary X General) ▶	
(a) SUBTOTAL of Itemized Independent Expendit	ures			42.00	
			7	7	
(b) SUBTOTAL of Unitemized Independent Exper	ditures		>	42.	
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 08 / 08	2014	
-					

Schedule E)	I EXI END	ITOTILO		PAGE 42 OF 64 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C					
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y		
Full Name of Payee			Date of Publ	ic Distribution/Dissemination		
Eric Wilson			M 09	06 / 2014		
Mailing Address 907 Randall Drive			Amount			
City	State	Zip Code		39.00		
Searcy	AR	72149		ID: 96906c12-ba2a-4e62-8 ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09	06 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, ,	80351.52	Disbursement For: 2014 Other (s	Primary X General pecify) ▶		
Full Name of Payee			Date of Publ	lic Distribution/Dissemination		
Ingrid Y Batton			M = M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1700 N Hughes St Apt 8			Amount	2014		
			7 tillount			
City	State	Zip Code		70.00		
Little Rock Purpose of Expenditure	AR	72207		D: 1cac9d3d-3da1-4230-9 oursement or Obligation		
Salary		Category/ Type 001	09	06 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, ,	80351.52	Disbursement For: 2014 Other (s	Primary		
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	109.00		
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7 1 2		
(c) TOTAL Independent Expenditures			•	79. 1 79. 1		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 08	2014		
Signature						

Schedule E)	LIVI EXI LIVI	DITORLO	PAGE 43 OF 64 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C				
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Ingrid Y Batton			09 / 06 / 2014		
Mailing Address 1700 N Hughes St Apt 8			Amount		
City	State	Zip Code	21.90		
Little Rock	AR	72207	Transaction ID: 29c79555-e5d7-46f3-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	.,,	80351.52	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Thomas Dias			09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 110 Maryella Dr			Amount		
City	State	Zip Code	65.00		
Searcy	AR	72143	Transaction ID: 503c5c81-5380-40ab-8 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 09 / D 06 / Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		80351.52	Disbursement For: Primary General 2014 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 86.90		
(b) SUBTOTAL of Unitemized Independent Expe	andituros				
(b) SOBIOTAL OF Officernized independent Expe	:naitures				
(c) TOTAL Independent Expenditures			•		
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 08 / 2014		

Schedule E)	106: 6:106::: 6:10	71101120		PAGE 44 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
				D = D / Y = Y = Y
	8-hour report X New rep	port Amends repo	rt filed on	
Full Name of Payee Thomas Dias			Date of Public	Distribution/Dissemination Distribution/Dissemination 06 2014
Mailing Address 110 Maryella Dr			Amount	00 2017
City	State	Zip Code		63.00
Searcy	AR	72143		D: a99b907e-8aef-495b-8 presement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht	80351.52	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Gregory Green			Date of Public	C Distribution/Dissemination
Mailing Address 2506 Bolch St	reet		09	06 2014
			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104	Transaction II Date of Disbu	D: 3a929393-00a0-42a9-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ht	110644.48	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Indepe	endent Expenditures			143.00
(a) 333131112 3	Aldon Exponditues			110.00
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		· >	4
(c) TOTAL Independent Expenditu	ires		•	
Under penalty of perjury I certify with, or at the request or suggesting party committee) any political party	on of, any candidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 08	2014
Signature		_		

Schedule E)		PAGE 45 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	= M / D = D / Y = Y = Y
Full Name of Payee	Data (-f Dublic Distribution/Discomination
Gregory Green		of Public Distribution/Dissemination O9 06 2014
Mailing Address 2506 Bolch Street	Amour	nt
City State Zip Coo	de	33.00
Shreveport LA 71104	l l	action ID: 53d19ac2-b710-4e10-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Category	ory/ ype 002	09 / 06 / Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Mary L Landrieu	✓ Oppose Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	8 Disbursement 2014 Of	t For:
Full Name of Payee	Date of	of Public Distribution/Dissemination
Xavier Miller	M	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 407 randall Dr	Amou	
City State Zip Coo	do.	40.00
Searcy AR 72143	Transa	action ID : 775ad1f8-7f18-4ec0-b of Disbursement or Obligation
Purpose of Expenditure Salary Category		09
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Mr. Mark L Pryor	▼ Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 803:	Disbursemen 2014 O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures		73.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fil	ed] Date 09	08 2014
Signature		

Schedule E)	T EXI END	TIONES	<u> </u>	PAGE 46 OF 64 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC	C Co					
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Xavier Miller			M 09 /	06 / 2014		
Mailing Address 407 randall Dr			Amount			
City	State	Zip Code		30.00		
Searcy	AR	72143		: 888427cb-3d66-4a24-b ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 /	06 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	80351.52	Disbursement For: 2014 Other (spec	Primary X General		
Full Name of Payee	_		Date of Public	Distribution/Dissemination		
Lily Green			M M M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 205 Medallion Circle			Amount			
City	State	Zip Code		80.00		
Shreveport	LA	71119		1c09c70d-3c3d-49dd-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M M /	06 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	7 7	110644.48	Disbursement For: 2014 Other (spec	Primary		
(a) SUBTOTAL of Itemized Independent Expenditure	es			110.00		
			7			
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	4		
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 08	2014		
2.9						

Schedule E)	INT EXI END	HONES	<u> </u>	AGE 47 OF 64 OR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼	
Women Speak Out PAC	70men Speak Out PAC				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on /	D = D / Y = Y = Y	
Full Name of Payee			Date of Public D	Distribution/Dissemination	
Lily Green			09	06 / 2014	
Mailing Address 205 Medallion Circle			Amount		
City	State	Zip Code		25.50	
Shreveport	LA	71119		: 1d5ab3f0-c264-4bfd-9 ement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09	06 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7 7	110644.48	Disbursement For: 2014 Other (special)	Primary X General	
Full Name of Payee			Date of Public D	Distribution/Dissemination	
Chris D King			M - M / 09	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1700 N Hughes St Apt 17			Amount		
City	State	Zip Code		70.00	
Little Rock	AR	72207		4440ccfd-386f-4cad-9 ement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09	06 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	80351.52	Disbursement For: 2014 Other (spec	Primary X General ify) ▶	
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	95.50	
(b) SUBTOTAL of Unitemized Independent Expen	ditures				
(4, 552.55.12.55.25.12.15.15.15.15.15.15.15.15.15.15.15.15.15.				75 /75	
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 08	2014	
3					

Sc	chedule E)			AGE 48 OF 64 OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ITIFICATION NUMBER ▼
W	/omen Speak Out PAC			0530766
Che	eck if 24-hour report X 48-hour report New report Amends	ds report		D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public Di	istribution/Dissemination
	Francis Richardson			06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Doucet Rd		Amount	
ŀ	City State Zip Code			105.00
	Lafayette LA 70503			79f9de2d-2062-4f78-a ment or Obligation
	Purpose of Expenditure Salary Category/ Type	001	09	06 / 2014
ľ	Name of Federal Candidate Supp	port	Office Sought:	House District: 00
	Ms. Mary L Landrieu Oppo			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 110644.48		Disbursement For: 2014 Other (specif	Primary ☐ General fy) ►
ſ	Full Name of Payee		Date of Public D	istribution/Dissemination
	Francis Richardson		M M /	06 / Y Y Y Y Y
ŀ	Mailing Address 220 Doucet Rd		09	06 2014
	Z20 Doucet Ru		Amount	
Ī	City State Zip Code			6.09
	Lafayette LA 70503		Transaction ID : o	c6ea2e88-5a5c-404d-a ement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	09 /	06 / 2014
	Name of Federal Candidate Supp	port	Office Sought:	House District: 00
	Ms. Mary L Landrieu Oppo	ose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 110644.48		Disbursement For: 2014 Other (speci	Primary X General fy) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		>	111.09
((b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7
((c) TOTAL Independent Expenditures)	
W	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or apparty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed]	Date	09 / 08 /	2014
	Signature			

Schedule E)	PENT EXICIO	ITOTILO		PAGE 49 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Courtney Goldstein			09	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn			Amount	
City	State	Zip Code		52.50
Metairie	LA	70001		n ID: ed2ea6be-4d0f-4b2a-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Courtney Goldstein			M M M 09	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn			Amount	
City	State	Zip Code		9.00
Metairie	LA	70001		n ID: be886db5-3b98-4784-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 ^M	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	288042.86	Disbursement For 2014 Other	: Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			61.50
				7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	9 08	
- 3				

Schedule E)	INT EXI END	TTOTILO		GE 50 OF 64 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on)
Full Name of Payee			Date of Public Di	stribution/Dissemination
Jeanne Tribou			M M / 09	06 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		50.00
Mandeville	LA	70471		f1b2cbdd-9821-4991-9 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	110644.48	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public Di	stribution/Dissemination
Jeanne Tribou			09	06 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		6.60
Mandeville	LA	70471		69b3da2-9f15-4a15-9 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	110644.48	Disbursement For: 2014 Other (specif	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			56.60
, , ,			7	7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		>	7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D / 08	2014
-				

Schedule E)	1511020	PAGE 51 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report f	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40		09
City State	Zip Code	85.00
Searcy AR	72143	Transaction ID : 0be267fe-7ee4-4db2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 06 7 2014
Name of Federal Candidate	Support O	office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		on the dispersion of the disp
Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40		Date of Public Distribution/Dissemination M M M O O O O O O O O O O O O O O O O
City State	Zip Code	38.22
Searcy AR	72143	Transaction ID : 157920b6-e4b5-48c3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 06 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		123.22
(b) SUBTOTAL of Unitemized Independent Expenditures)	7 7 7
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	tronically Filed] Date	09 08 2014
Signature		

Schedule E)	PENT EXTEND	TIONES	PAGE 52 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			09 / 06 / 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	20.00
Boone	NC	28607	Transaction ID: 032a24a3-ce8e-4643-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disbursement For: Primary General Q014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			09 06 7 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	22.20
Boone	NC	28607	Transaction ID: 72b03b42-2296-474d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		42.20
(b) SUBTOTAL of Unitemized Independent Exp	nenditures		
(b) GOD TOTAL OF CHIROMIZED INDEPENDENT EXP	orialiares		
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09

Schedule E)	LXI LIIDII (51120		PAGE 53 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New report	Amends	report filed	on May / Dab / Yayayay
Full Name of Payee Brooke A Gilham				Date of Public Distribution/Dissemination
Mailing Address 168 Graduate Lane Apt 324				09 06 2014 Amount
City St	tate Zir	p Code		75.00
		3607		Transaction ID : 6a2c4a63-7969-41c3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	l	Supp	ort Offic	e Sought: House District: 00
Ms. Kay Hagan		Х Орро		President State: NC
Calendar Year-To-Date Per Election for Office Sought	288	042.86	Disb 2014	ursement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Brooke A Gilham				09 06 2014
Mailing Address 168 Graduate Lane Apt 324				
				Amount
City	tate Zi	p Code		37.80
	NC 2	8607		Transaction ID: 81fccec8-c072-4080-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	M 09 / D 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Supp	ort Offic	e Sought: House District: 00
Ms. Kay Hagan		Х Орро	se	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		288042.86	Disb 2014	ursement For: Primary
_				
(a) SUBTOTAL of Itemized Independent Expenditures			······	112.80
(b) SUBTOTAL of Unitemized Independent Expenditures	S		······	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized co			
Ms. Emily Buchanan	[Electronical	lly Filed]		08 2014
Signature				

Sche	dule E)		110.120		PAGE 54 OF 64 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New rep	ort Amends i	report filed	d on
	Il Name of Payee effrey Hampton				Date of Public Distribution/Dissemination
	ailing Address 1700 E Part Ave				M 09 / 06 / 2014 Amount
					Allount
Cit			Zip Code		77.50
Se	earcy AR		72149		Transaction ID : 7caf8b76-68c3-4672-a Date of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type	001	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	me of Federal Candidate		Suppor	rt Offic	ee Sought: House District: 00
Мі	r. Mark L Pryor		Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disb 2014	ursement For: Primary
	III Name of Payee				Date of Public Distribution/Dissemination
ال	effrey Hampton				09 06 2014
Ma	ailing Address 1700 E Part Ave				Amount
Cit	ty State earcy AR		Zip Code 72149		57.87 Transaction ID: eb33dbce-1dd5-41ee-9
			12145		Date of Disbursement or Obligation
	ırpose of Expenditure lileage		Category/ Type	002	09 / 06 / 2014
Na	ame of Federal Candidate		Suppor	rt Offic	ce Sought: House District: 00
M	r. Mark L Pryor		X Oppos	e	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought		80351.52	Disb 201	oursement For: Primary General Other (specify)
				·	
(a)	SUBTOTAL of Itemized Independent Expenditures			······ >	135.37
(b)	SUBTOTAL of Unitemized Independent Expenditures			······ >	
(c)	TOTAL Independent Expenditures			······ >	
with	ler penalty of perjury I certify that the independent expe , or at the request or suggestion of, any candidate or at y committee) any political party committee or its agent.				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 08 2014
-5	Signature		_		

Schedule E)	1 6741 6142			PAGE 55 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Heather N Montgomery			М	
Mailing Address 106 Wyncrest Ct			Amount	9 06 2014
City	State	Zip Code		100.00
Hendersonville	TN	37075		ction ID: 154ba92e-c517-4475-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M C	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	80351.52	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Kinsey E Beck			М	Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			Amount	09 06 2014
City	State	Zip Code		100.00
Harvest	AL	35749		tion ID: 84ba32a6-2837-43d7-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	9 06 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	80351.52	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	'S			200.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· [4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		08 2014
Signature		_		

Schedule E)	WI EXI EN	DITOTILO	PAGE 56 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			09 06 2014
			Amount
City	State	Zip Code	59.10
Harvest	AL	35749	Transaction ID: bc63d2d5-bb6d-45f4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	80351.52	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lindsey N Rose			09
Mailing Address 615 Live Oak Dr			Amount
City	State	Zip Code	85.00
searcy	AR	72143	Transaction ID: 5b3674ef-c156-42a4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	80351.52	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. • 144.10
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		· • · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 08 7 2014
- 3			

Schedule E)		PAGE 57 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr		09 06 2014 Amount
City State	Zip Code	60.00
Marrero LA	70072	Transaction ID : 4b26aee0-ea55-4b06-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	110644.48 Disl 201	bursement For:
Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2		Date of Public Distribution/Dissemination 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	60.00
Berryville VA	22611	Transaction ID : a194b8db-5c18-432f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 06 7 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	288042.86 Dis 20°	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	09 08 2014
Signature		

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Alexa S Dudley		09
Mailing Address 4367 Splitlog Rd	Am	ount
City	tate Zip Code	52.50
Goodman		insaction ID: 89752a94-0332-428b-b te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09
Name of Federal Candidate	Support Office Sou	ight: House District:00
Mr. Mark L Pryor		sident State: AR
Calendar Year-To-Date Per Election for Office Sought	80351.52 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Sarinda S Dudley Mailing Address 4367 Splitlog Rd		te of Public Distribution/Dissemination 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S	tate Zip Code	50.00
1 '	MO 64843 Trai	nsaction ID: 8a9d299c-7090-4c01-9 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	80351.52 Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	102.50
(b) SUBTOTAL of Unitemized Independent Expenditures	3	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 09	08 2014
Oignaturo		

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OF

Soficadic L)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Sarinda S Dudley	09 06 2014
Mailing Address 4367 Splitlog Rd	ount
City State Zip Code	24.60
Goodman MO 64843 Tra	nsaction ID: 45099729-be19-478d-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Mark L Pryor Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary
Full Name of Payee Date Serena A Jones	te of Public Distribution/Dissemination
Mailing Address 7151 Mullins Drive	09 06 2014 nount
City State Zip Code	90.00
Saltville VA 24370 Tran	nsaction ID: 65e83959-05fd-43df-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ıght: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 288042.86	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	114.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)		PAGE 60 OF 64 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	port Amends report f	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination
Mailing Address 7151 Mullins Drive		09 06 2014 Amount
City State	Zip Code	42.30
Saltville VA	24370	Transaction ID : c0143824-7e89-4e21-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 06 7 2014
Name of Federal Candidate	Support O	Office Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		olisbursement For: Primary
Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination 09 09 06 09 08
Mailing Address 18065 Wayne Rd		Amount
City State	Zip Code	135.00
Odessa FL	33556	Transaction ID : 4cd9201d-b2bc-4151-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General
(a) SUBTOTAL of Itemized Independent Expenditures		177.30
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	nically Filed] Date	09 08 2014
Signature		

Sc	chedule E)				- +	PAGE 61 OF 64 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼	
Women Speak Out PAC					C	C00530766	
Che	Check if 24-hour report X 48-hour report New report Amends report filed on						
T	Full Name of Payee Randy M Gold				- M /	Distribution/Dissemination	
-	Mailing Address 1436 Haigs Creek Dr			Amou	09 nt	06 2014	
ŀ	City State	Zip Code				135.00	
	Elgin SC	29045				D: 06cbe97f-8ce4-487d-8 rsement or Obligation	
	Purpose of Expenditure Salary	Category/ Type			09 /	06 / 2014	
ı	Name of Federal Candidate		Support	Office Sough	t:	House District:00	
	Mr. Mark L Pryor		Oppose	Preside	_	Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought	80351.52		Disbursemen 2014 O	t For: ther (spe	Primary X General ecify) ►	
	Full Name of Payee Randy M Gold				of Public	Distribution/Dissemination	
	Mailing Address 1436 Haigs Creek Dr			Amou	nt		
ľ	City State	Zip Code			1 -00	83.04	
	Elgin SC	29045		Transa Date	ction ID of Disbu	: e69192de-68e0-42ae-9 rsement or Obligation	
	Purpose of Expenditure Mileage	Category/ Type		N	09 /	06 / 2014	
-	Name of Federal Candidate		Support	Office Sough	t:	House District: 00	
	Mr. Mark L Pryor	X	Oppose	Preside	ent 🔀	Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought	80351.5	52	Disbursemen 2014 O	t For: ther (spe	Primary ☐ General	
((a) SUBTOTAL of Itemized Independent Expenditures			•		218.04	
(b) SUBTOTAL of Unitemized Independent Expenditures							
((c) TOTAL Independent Expenditures			· [-		
٧	Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or authoparty committee) any political party committee or its agent.						
		ectronically Filed]	Date	e 09	08	2014	
	Signature						

Schedule E)	.0	PAGE 62 OF 64 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC		C C00530766				
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y				
Full Name of Payee Caleb Craig	_	of Public Distribution/Dissemination				
Mailing Address 1410 Bushville drive	Amor	09 06 2014				
State 7in Co.		20.00				
City State Zip Coo Lenoir NC 28645	Tran	20.00 saction ID: 9d53c69d-3ce2-4358-b of Disbursement or Obligation				
Purpose of Expenditure Salary Categ		M 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office Soug	ht: House District:00				
Ms. Kay Hagan	Oppose Presid	dent Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 288042.8	Disburseme 2014	nt For:				
Full Name of Payee Caleb Craig	Date	of Public Distribution/Dissemination				
Mailing Address 1410 Bushville drive	Amo					
City State Zip Co	de	9.00				
Lenoir NC 28645	Trans	action ID: 7bfa13f0-a5ab-4fcc-9 of Disbursement or Obligation				
Purpose of Expenditure Mileage Categ	ory/ ope 002	M 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office Soug	ht: House District: 00				
Ms. Kay Hagan	✓ Oppose Presid	dent Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 2880	Disburseme 2014	ont For: Primary X General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures		29.00				
(b) SUBTOTAL of Unitemized Independent Expenditures						
		7 7 7				
(c) TOTAL Independent Expenditures	······	7 7 7				
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically File	ed] Date 09	08 2014				
Signature						

Schedul	e E)		1101120		PAGE 63 OF 64 FOR SE OF FORM 24/48	
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC					C C00530766	
Check if 24-hour report X 48-hour report New report Amends report filed on						
	ame of Payee elia Brackett				of Public Distribution/Dissemination	
Mailing	Address 804 Roundabout Circle				09 06 2014	
City		01-1-	7'- 0-40		55.00	
City Searc	у	State AR	Zip Code 72143		55.00 action ID : f44e60c5-256c-4537-a of Disbursement or Obligation	
Purpos Salary	se of Expenditure		Category/ Type 001	М	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name	of Federal Candidate		Support	Office Sought	:: House District: 00	
Mr. Ma	ark L Pryor		X Oppose	Preside		
	alendar Year-To-Date er Election for Office Sought		80351.52	Disbursement 2014 Ot	For: Primary X General	
Ame	ame of Payee Plia Brackett g Address 804 Roundabout Circle			M	of Public Distribution/Dissemination	
City		State	Zip Code		42.90	
Searc	су	AR	72143	Transa Date o	ction ID : bab16650-51b6-46e9-a of Disbursement or Obligation	
Purpos Milea	se of Expenditure ge		Category/ Type 002	M	09 / 06 / 2014	
Name	of Federal Candidate		Support	Office Sough	t: House District: 00	
Mr. Ma	ark L Pryor		Oppose	Preside		
	calendar Year-To-Date er Election for Office Sought	,	80351.52	Disbursement 2014 Of	t For: Primary X General	
(a) SUE	STOTAL of Itemized Independent Expenditure	S			97.90	
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOT	FAL Independent Expenditures			· [7 7 7	
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candidate emmittee) any political party committee or its	te or authorized				
	Ms. Emily Buchanan	[Electron	cically Filed] Date	09 /	08 2014	
Signa	ature					

Schedule E)	W ENDITORIES	PAGE 64 OF 64 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766					
Check if 24-hour report X 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y				
Full Name of Payee		Date of Public Distribution/Dissemination				
Earl Stewart		09 06 2014				
Mailing Address 9455 Snow Camp Road		Amount				
City Stat	e Zip Code	60.00				
Snowcamp NC	·	Transaction ID : b79b465f-9ece-4cbf-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	09 / 06 / 2014				
Name of Federal Candidate	Support Office	ce Sought: House District: 00				
Ms. Kay Hagan	Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	288042.86 Disk 2014	oursement For: Primary				
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination				
Mailing Address 9455 Snow Camp Road		09 / 06 / 2014				
3 100 31111 23111,		Amount				
City Stat	e Zip Code	7.80				
Snowcamp NO	27349	Transaction ID : 31d2fe9d-dfd7-4e82-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage	Category/ Type 002	09 / 06 / 2014				
Name of Federal Candidate	Support Office	ce Sought: House District: 00				
Ms. Kay Hagan	X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	288042.86 Dist 201	bursement For:				
(a) OURTOTAL of the mineral had a seed of Europe discuss		27.00				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	······	6013.92				
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith					
Ms. Emily Buchanan	[Electronically Filed] Date	09 08 2014				
Signature						